

INSTALLATION CERTIFICATE		CF-6R-ENV-22-HERS
Quality Insulation Installation (QII) - Insulation Stage Checklist		(Page 1 of 3)
Site Address:	Enforcement Agency:	Permit Number:

QII credit not allowed if any steel framing in the building including structural framing (Hardy Framing etc.). Overview – In order for batt and blown in insulation to work correctly the insulation must **fill** the wall cavity and touch the air barrier with no gaps or voids. Ceiling and raised floor batt and blown in insulation must not be compressed and have no gaps or voids.

Insulation Stage Checklist ✓ FLOOR INSULATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end. (NA if floors slab on grade).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in full contact with the subfloor, NO gaps. (NA if floors are slab on grade).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with air barrier on all five sides. (ends, sides, back). NA if floors are slab on grade.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Batts cut to fit around wiring and plumbing, or split (delaminated). (NA if loose fill, SPF, or slab on grade).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Batt insulation has continuous support. (NA if loose fill, SPF, or slab on grade).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPF (Spray Polyurethane Foam Medium Density) insulation the average thickness is equal to or greater than that listed on the CF-1R and the minimum thickness shall be no more than ½ inch less than the required thickness for the R-value. (NA for other forms of insulation).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation R-value same or greater than listed on the CF-1R.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPF insulation properly adhered to avoid gaps and provide an air seal (NA for other forms of insulation)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For SPF list the required floor cavity R-value from CF-1R, R=_____
Yes	No	NA	List tested average depth of insulation (inches) _____ X 5.8 (R-value/inch for medium density SPF) = _____ (R-value). This is the installed R-value and must be equal to or greater than listed on CF-1R (NA for other forms of insulation)

✓ WALL INSULATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standard depth cavities insulation fills cavity and touches air barrier on all six sides. (NA if SPF used and meets the required R-value).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All double walls and bump-outs, the insulation fills the cavity or additional air barrier installed so that the insulation fills the cavity. Insulation touches all six sides. (NA if SPF used and meets the required R-value).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behind tub/shower, walls under stairs, and fireplace, insulation touches air barrier on five sides. Not required to fill the space. Cavity required to be air tight.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BATTS , not a single void/depression deeper than ¾" in ANY stud bay. (NA if loose fill or SPF)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BATTS , voids/depressions less than 3/4" allowed as long as the area is not greater than 10% of the surface area for each stud bay. (NA if loose fill or SPF).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose Fill no gaps or voids of any depth allowed. (NA if batts or SPF).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPF insulation properly adhered to avoid gaps and provide an air seal (NA for other forms of insulation)
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any gaps between studs or insulation larger than 1/8" must be filled with insulation or foam.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Rim-joists to the outside insulated.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special attention must be paid to corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All skylight shafts and attic kneewalls insulated with minimum R-19.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in full contact with drywall or wall finishes of skylight shafts and attic kneewalls.
Yes	No	NA	

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<input type="checkbox"/> Yes	<input type="checkbox"/> No		Wall insulation same or better than what is listed on the CF-1R.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF list the required wall cavity R-value from CF-1R, R-____. List tested average depth of insulation (inch) ____ X 5.8 (R-value/inch for medium density SPF) = ____ (R-value) This is the installed R-value and must be equal to or greater than listed on CF-1R (NA for other forms of insulation)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF (Spray Polyurethane Foam Medium Density) insulation the average thickness is equal to or greater than that listed on the CF-1R and the minimum thickness shall be no more than ½ inch less than the required thickness for the R-value. (NA for other forms of insulation)

✓ CEILING INSULATION			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		BATTS there must not be a single gap/void/depression deeper than ¾". (NA if loose fill or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No		BATTS voids/depressions less than ¾" allowed as long as the area is not greater than 10% of the surface area for each stud bay. (NA if loose fill or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	NO gaps or voids allowed for loose fill and SPF. (NA if batts).
<input type="checkbox"/> Yes	<input type="checkbox"/> No		All ceiling insulation installed to uniformly fit the cavity side-to-side and end-to-end.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Insulation in full contact with the ceiling, NO gaps.
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Insulation in contact with air barrier on all five sides.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Batts cut to fit around wiring and plumbing, or split (delaminated). (NA for loose fill or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Batts taller than the trusses must expand so that they touch each other over the trusses. (NA for loose fill or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF insulation properly adhered to avoid gaps and provide an air seal (NA for other forms of insulation)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation fully fills cavity below any plywood platform or cat-walk. If SPF used then minimum 3 inches. (NA if no platforms or cat-walks)
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Attic access gasketed
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Attic access insulated with rigid foam or batt insulation using adhesive or mechanical fastener. R-value same as ceiling R-value listed on CF-1R
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Recessed light fixtures covered full depth with insulation. If SPF used then other forms of insulation used to cover or enclosed in a box fabricated from ½-inch plywood, 18 ga. sheet metal, 1/4-inch hard board or drywall
<input type="checkbox"/> Yes	<input type="checkbox"/> No		Roof insulation same or better than what is listed on the CF-1R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Loose Fill Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value for blown in insulation. (NA for batts or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Loose Fill Insulation uniformly covers the entire ceiling (or roof) area from outside of all exterior walls. (NA for batts or SPF).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value. Manufacturer's minimum required weight for the target R-value (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation. Manufacturer's minimum required settled thickness. Note: To receive compliance credit the HERS rater shall verify that the manufacturer's minimum weight and thickness has been achieved for the target R-value. (NA for batts or SPF).

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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF list the required ceiling cavity R-value from CF-1R, R-_____. List tested average depth of insulation _____ in X 5.8R = _____ R this is the installed R-value and must be equal to or greater than listed on CF-1R (NA for other forms of insulation)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF insulation must be covered with other forms of insulation or enclosed in a box fabricated from ½ inch plywood, 18 gauge metal, ¼ inch hard board or drywall. The exterior of the box may then be insulated with SPF.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	SPF insulation the average thickness is equal to or greater than that listed on the CF-1R and the minimum thickness shall be no more than ½ inch less than the required thickness for the R-value. (NA for other forms of insulation)
✓ GARAGE ROOF/CEILING INSULATION FOR TWO STORIES (no conditioned space over garage)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Insulation installed at joists against the air barrier in the garage to house transition. All wall insulation requirements above must be met. (NA if conditioned space over garage).
✓ GARAGE ROOF/CEILING INSULATION FOR TWO STORIES(conditioned space over garage)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If insulation is to be installed at subfloor then the insulation must also be installed at joists against the air barrier in the garage to house transition. All ceiling and wall insulation requirements above must be met. (NA if no conditioned space over garage).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If insulation is to be installed at ceiling of garage then the joists to the outside must be insulated and all the insulation requirements listed above must be met. (NA if no conditioned space over garage).

DECLARATION STATEMENT

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I have read the High Quality Insulation Installation Procedures (Residential Appendix, RA3.5), understand these procedures, and understand that there are additional requirements than must be met than those listed on this CF-6R.
- All rows in this document have been checked and all answers are yes or NA
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I understand that a HERS rater will be checking the installation and that if such checking identifies defects, I am required to take corrective action at my expense. If the installation is part of a sample group for HERS verification, and the installation fails to meet the requirements of such quality assurance checking, additional checking/testing and repair of other installations in the HERS sample group will be required at my expense. I understand that the HERS provider, and Energy Commission representatives will also be performing checks of the installation on jobs not tested by the HERS rater.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- **I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.** I will ensure that all Installation Certificates will come from a HERS provider data registry for multiple orientation alternatives and on October 1, 2010, for all low-rise residential buildings.

Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:		Responsible Person's Signature:
CSLB License	Date Signed:	Position With Company (Title):